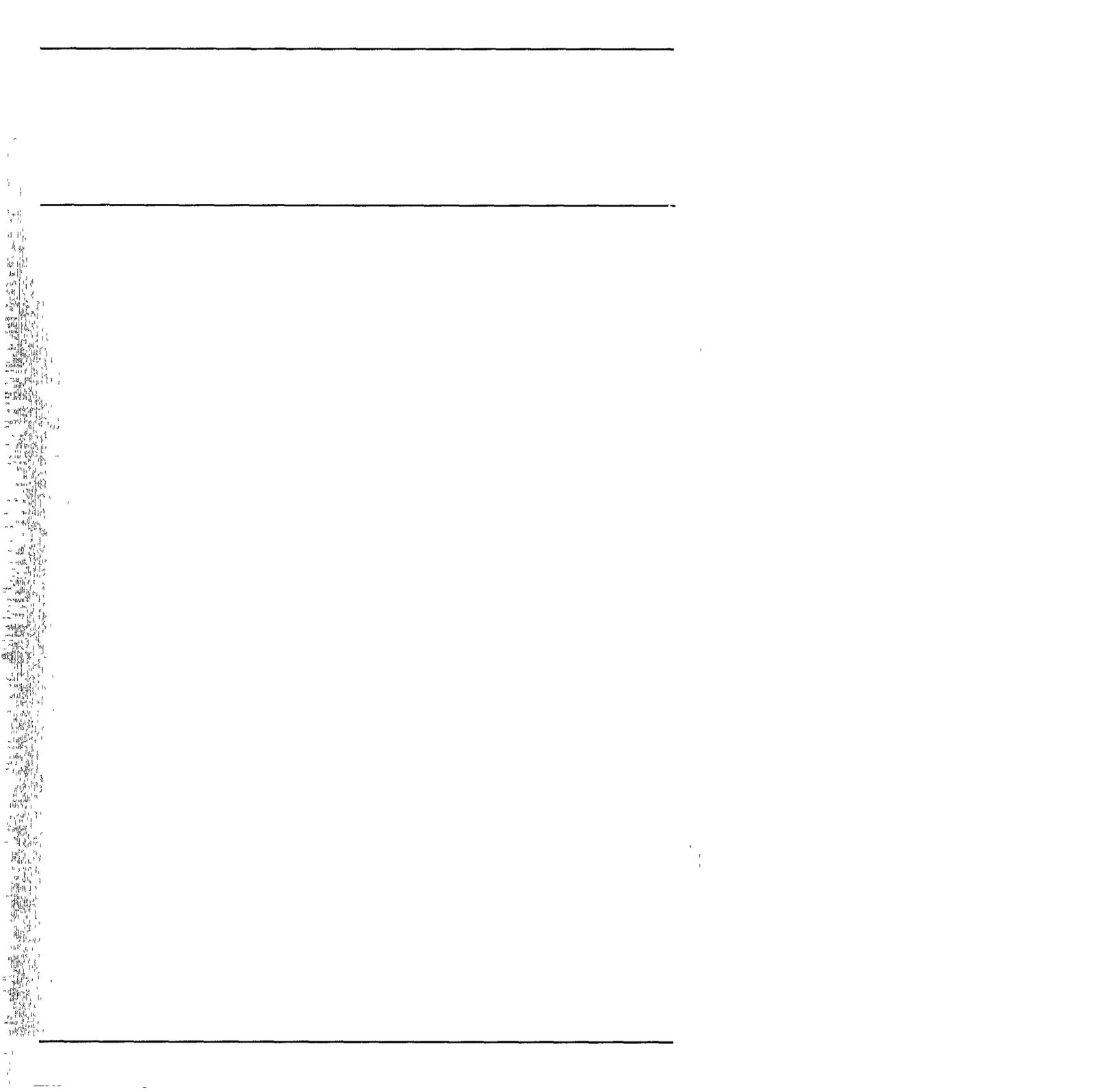


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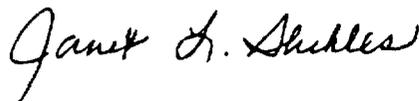
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Janet L. Shikles  
Assistant Comptroller General  
Health, Education, and Human Services Division  
(202) 512-6806

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# New Releases

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## Health

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**Medicare: HCFA Should Release Data to Aid Consumers, Prompt Better HMO Performance** (Report, GAO/HEHS-97-23, Oct. 22, 1996). Contact: James C. Cosgrove, (202) 512-7029

The Health Care Financing Administration (HCFA), which oversees the Medicare program, does not provide beneficiaries with any of the comparative consumer guides that the federal government and many employer-based health insurance programs routinely distribute to their employees and retirees. It does, however, amass volumes of information that could be packaged and distributed to help beneficiaries choose among competing Medicare health maintenance organizations (HMO). HCFA should begin publishing the comparative data it collects on HMOs, including disenrollment rates, complaint rates, and summary results of HCFA's site monitoring visits. It should also establish standard formats and terminology for HMOs' informational materials and provide benefit and cost comparison charts with all Medicare HMO options available for each market area.

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**Drug and Alcohol Abuse: Billions Spent Annually for Treatment and Prevention Activities (Report, GAO/HEHS-97-12, Oct. 8, 1996). Contact: James O. McClyde, (202) 512-7152**

Federal, state, county, and local governments and the private sector all fund substance abuse treatment and prevention activities. The latest and best data available—which probably underestimate total funding—show that (1) the federal government has been a major contributor of funds, providing more than \$4 billion in fiscal year 1994; (2) state and local governments spent a little more than \$1.5 billion in their 1994 fiscal years; (3) and private funding exceeded \$1 billion in 1993. From fiscal year 1990 through the end of fiscal year 1994, the federal government increased its funding by about 60 percent. Over the same 5-year period, state, county, and local governments' combined funding for treatment and prevention activities increased by about 22 percent. Generally, treatment services include diagnostic assessment, detoxification, counseling, and aftercare. Prevention activities include information, education, and training.

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**Education**

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**Intercollegiate Athletics: Status of Efforts to Promote Gender Equity**  
(Report, GAO/HEHS-97-10, Oct. 25, 1996). Contact: Joseph J. Eglin, Jr.,  
(202) 512-7009

Although gender equity has yet to be fully achieved in intercollegiate athletics, incremental gains continue to be made. While eight national studies show that many women's sports programs lag behind those for men in various respects, they also show that colleges and universities have made gains since 1992 in terms of the number of female students participating in athletics and in the percentage of scholarship funds available to female student athletes. The Department of Education, the National Collegiate Athletic Association, and the states have taken a variety of actions to continue the move toward gender equity.

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## **Social Security, Disability, and Welfare**

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**Supplemental Security Income: SSA Is Taking Steps to Review Recipients' Disability Status (Report, GAO/HEHS-97-17, Oct. 30, 1996).  
Contact: Jane L. Ross, (202) 512-7215**

In recent years, the Congress has been concerned that ineligible individuals may be receiving disability benefits under the Supplemental Security Income (SSI) program, which provides benefits to low-income disabled and blind individuals. To help ensure that only eligible individuals receive SSI benefits, the Congress has required the Social Security Administration (SSA) to review the disability status of a minimum number of SSI recipients. For fiscal year 1996, SSA planned to review the status of over 218,000 recipients and, as of June, was on schedule, having completed about 60 percent of the reviews. Despite additional funds provided for the reviews, the volume may make it difficult for SSA to conduct all required reviews in the years ahead. SSA estimates that reviewing the status of adult SSI recipients for whom medical improvement is expected or possible results in about \$3 in federal program savings for every \$1 spent conducting reviews. (See abstract of companion reports under Social Security Disability.)

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**Child Support Enforcement: Reorienting Management Toward Achieving Better Program Results (Report, GAO/HEHS/GGD-97-14, Oct. 25, 1996).  
Contact: David P. Bixler, (202) 512-7201**

The federal Office of Child Support Enforcement (OCSE) is making progress in focusing on key program outcomes such as the number of paternities established, support orders obtained, and collections received. As a critical next step, OCSE needs to develop its own long-term strategies, in conjunction with the states, for achieving national program goals, prioritizing its responsibilities, specifying intended results, and developing measures to assess its own performance. OCSE should also conduct program results audits of state child support enforcement programs to assess the accuracy of state-reported data, investigate barriers to improved program results, and recommend approaches states could use to meet program goals. In addition, the program's incentive funding structure should be realigned so that states earn incentive payments on the basis of their progress toward achieving all three program goals.

**Child Support Enforcement: States' Experience With Private Agencies' Collection of Support Payments (Report, GAO/HEHS-97-11, Oct. 23, 1996). Contact: David P. Bixler, (202) 512-7201**

State child support enforcement agencies are turning to private firms to collect child support payments because they are finding it increasingly difficult to serve their growing caseloads with available staff and funds. Under the terms of most collection contracts, states pay contractors, usually on a fixed percentage basis, only if collections are made. For example, in fiscal years 1994 and 1995, contractors in nine states collected nearly \$60 million and were paid about \$6 million. Whether these collections benefit the state and federal governments depends on whether the families that were owed the child support had also received welfare benefits that governments can recover by retaining the collections. Most of the contracts with private collection agencies that GAO analyzed did generate net revenues for both the federal and state governments.

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**Social Security Disability: Alternatives Would Boost Cost-Effectiveness of Continuing Disability Reviews (Report, GAO/HEHS-97-2, Oct. 16, 1996) and Social Security Disability: Improvements Needed to Continuing Disability Review Process (Report, GAO/HEHS-97-1, Oct. 16, 1996).  
Contact: Jane L. Ross, (202) 512-7215**

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SSA has had difficulty ensuring that people receiving benefits under the Disability Insurance (DI) program are in fact eligible. By law, SSA is required to conduct periodic reviews to determine whether beneficiaries have improved medically to the extent that they are no longer considered disabled. SSA is developing plans to improve its process for selecting beneficiaries to review and for eliminating backlog. To avoid continuing the backlog, SSA will have to conduct about twice as many reviews from 1996 through 2002 as it has over the past 20 years combined. It is not yet clear whether authorized funding will be sufficient. Because SSA estimates that only a very small percentage of beneficiaries leave the program as a result of the reviews, it should replace the routine scheduling of reviews for all DI and SSI beneficiaries with a more cost-effective process that (1) selects for review beneficiaries with the greatest potential for medical improvement and subsequent benefit termination, (2) reviews a random sample of all beneficiaries, and (3) helps ensure program integrity by regularly contacting beneficiaries not selected for reviews to remind them of their responsibility to report medical improvements. SSA can also use the review process to strengthen its return-to-work initiatives, offering beneficiaries greater opportunity to become self-sufficient despite their continuing disabilities. (See abstract of companion report under Supplemental Security Income.)

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**Social Security: Union Activity at the Social Security Administration**  
(Report, GAO/HEHS-97-3, Oct. 2, 1996). Contact: Roland H. Miller III,  
(202) 512-7246

Since the early 1960s, SSA and other federal agencies have permitted union-related activities to be conducted during official duty hours, with the participants receiving their regular salaries and expenses during those hours. These activities generally include representing employees in complaints against management, bargaining over changes in working conditions and the application of personnel policies, and negotiating union contracts with management. In 1995, the 413,000 hours spent at SSA on union activities cost \$12.6 million, a cost largely borne by SSA's trust funds. To ensure accurate tracking of time spent on union activities and the staff conducting these activities, SSA is testing a new time-reporting system for its field offices and teleservice centers. This system should be implemented agencywide. With an improved, agencywide system, SSA's management should have better information on where its limited resources are being spent.

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## **Veterans' Affairs and Military Health Care**

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**VA Health Care: Improving Veterans' Access Poses Financial and Mission-Related Challenges** (Report, GAO/HEHS-97-7, Oct. 25, 1996).  
Contact: Paul Reynolds, (202) 512-7109

The Department of Veterans Affairs (VA) encourages its hospitals "to employ all means at their disposal, and within available resources, to improve access to VA care for eligible veterans." As a result, many hospitals have set up free-standing outpatient clinics, some directly operated by VA, others by private providers. Though these new access points could be a cost-effective way to make services available to veterans, especially in underserved areas, they do raise some important legal, financial, and mission-related issues. VA should set a patient travel time or distance standard to help hospitals plan appropriate locations for new access points. It should also require hospitals to focus on establishing access points that (1) equalize current users' access to the VA health care system on the basis of the time or distance standard and (2) enroll any new users in accordance with statutory priorities for VA care. Finally, VA should report to the Congress on its overall plan and its schedule for the systemwide establishment of access points so that the Congress can determine the plan's affordability.

**VA Health Care: Opportunities to Significantly Reduce Outpatient Pharmacy Costs** (Report, GAO/HEHS-97-15, Oct. 11, 1996).  
Contact: Paul Reynolds, (202) 512-7109

Although other public and private health care plans cover few, if any, over-the-counter (OTC) products for their beneficiaries, VA's outpatient pharmacies provide veterans with OTC medications and medical supplies readily available from other local outlets. The most frequently dispensed of these products include aspirin, insulin, dietary supplements, alcohol prep pads, and glucose test strips. Each VA pharmacy offers a different assortment of OTC products, and some restrict which veterans receive the products or in what quantity while others do not. To best use its limited

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resources, VA should take several steps, including standardizing the availability of OTC products, dispensing the products in more economical quantities, limiting mail service to certain situations, and collecting copayments at the time products are dispensed. The Congress may want to consider increasing the medication copayment, applying the copayment to all types of OTC products, and lowering the income threshold used to determine which veterans owe copayments.

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Medicare Drug and Nutrient Prices (Letter, GAO/HEHS-97-22R, Oct. 11, 1996).

Drug and Alcohol Abuse: Billions Spent Annually for Treatment and Prevention Activities (Report, GAO/HEHS-97-12, Oct. 8, 1996).

Long-Term Care: Some States Apply Criminal Background Checks to Home Care Workers (Report, GAO/PEMD-96-5, Sept. 27, 1996).

Managed Care Initiatives (Letter, GAO/HEHS-96-153R, Sept. 23, 1996).

CDC's National Immunization Survey: Methodological Problems Limit Survey's Utility (Report, GAO/PEMD-96-16, Sept. 19, 1996).

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Maternity Care: Appropriate Follow-Up Services Critical With Short Hospital Stays (Report, GAO/HEHS-96-207, Sept. 11, 1996).

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Blue Cross and Blue Shield: Change in Pharmacy Benefits Affects Federal Employees (Testimony, GAO/T-HEHS-96-206, Sept. 5, 1996).

Fraud and Abuse: Providers Excluded From Medicaid Continue to Participate in Federal Health Programs (Testimony, GAO/T-HEHS-96-205, Sept. 5, 1996).

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Intercollegiate Athletics: Status of Efforts to Promote Gender Equity (Report, GAO/HEHS-97-10, Oct. 25, 1996).

States' Average College Tuition (Letter, GAO/HEHS-96-213R, Sept. 19, 1996).

Education and Labor: Information on the Departments' Field Offices (Report, GAO/HEHS-96-178, Sept. 16, 1996).

School Finance: Options for Improving Measures of Effort and Equity in Title I (Report, GAO/HEHS-96-142, Aug. 30, 1996).

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Department of Education: Status of Actions to Improve the Management of Student Financial Aid (Report, GAO/HEHS-96-143, July 12, 1996).

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Information on the Davis-Bacon Act (Letter, GAO/HEHS-97-30R, Oct. 30, 1996).

Education and Labor: Information on the Departments' Field Offices (Report, GAO/HEHS-96-178, Sept. 16, 1996).

Federal Labor Relations: Official Time Used for Union Activities (Testimony, GAO/T-GGD-96-191, Sept. 11, 1996).

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Job Corps: Where Participants Are Recruited, Trained, and Placed in Jobs (Report, GAO/HEHS-96-140, July 17, 1996).

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Child Support Enforcement: States' Experience With Private Agencies' Collection of Support Payments (Report, GAO/HEHS-97-11, Oct. 23, 1996).

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Social Security Disability: Improvements Needed to Continuing Disability Review Process (Report, GAO/HEHS-97-1, Oct. 16, 1996).

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Federal Employees' Compensation Act: Issues Associated With Changing Benefits for Older Beneficiaries (Report, GAO/GGD-96-138BR, Aug. 14, 1996).

401(k) Pension Plans: Many Take Advantage of Opportunity to Ensure Adequate Retirement Income (Report, GAO/HEHS-96-176, Aug. 2, 1996).

Impoundments: Proposed Deferral of Funds for Social Security Administration Administrative Expenses (Report, GAO/OGC-96-25, July 26, 1996).

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SSA Disability: Return-to-Work Strategies From Other Systems May Improve Federal Programs (Report, GAO/HEHS-96-133, July 11, 1996).

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VA Health Care: Improving Veterans' Access Poses Financial and Mission-Related Challenges (Report, GAO/HEHS-97-7, Oct. 25, 1996).

VBA Information Technology Investment (Letter, GAO/AIMD-97-10R, Oct. 18, 1996).

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